COMMONWEALTH OF PENNSYLVANIA

CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each <u>did not exceed \$250.00</u> during the reporting period.

FILER IDENTIFICATION			. 5.1
NUMBER		REPORT FILED ON BEHALF OF	1. COMMITTEE 2. LOBBYIST 3.
NAME OF FILING COMMITTEE, C	^ `		<u> </u>
STREET ADDRESS	1 of Dona Bellin		
3 Pyr	Stall It		
Ere		STATE	ZIP CODE
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO. PARTY	DATE OF ELECTION
6TH-TUESDAY 1.	Ene City School Bon	d	NO. DAY YEAR
	DATES OF MO. DAY WEAR	MO. S DAY S YEARS	FOR OFFICE USE ONLY
ZNO FRIDAY PRE-PRIMARY	REPORTING 11 23 21 TO	12 31 21.	
POST-PRIMARY			5
OTH TUESDAY 4.	Cash Balance at End Of Reporting Period:	\$ 1499.69	ERIE ERIE
5	TOTAL AMOUNT OF FILER'S		E C
2NO FRIDAY FRE-BLECTION	OUTSTANDING DEBTS OR LIABILIT AT THE END OF REPORTING PERIO	ES \$	COUNTY
30 pay Fost-election	AMENDMENT YES	NO NO	ERIE COUNTY
ANNUAL Z.	TERMINATION: YES	NO	Ž
		AVIT SECTION	
statement is filed on	behalf of a <u>Political Committee or Ca</u> behalf of a <u>Candidate</u> , the Candidate behalf of a <u>Contributing Lobbyist</u> , the	Lobbyist must sign here.	
XCEED TWO HUNDRED AND	he aggregate receipts or disbursements or lia Fifty dollars (\$250.00) and this report is, to t	BILITIES INCURRED DURING THE REPORTING HE BEST OF MY KNOWLYDGE AND BELIEF, 1	PERIOD INDICATED ABOVE DID NOT
SWORN TO AND SUBS	CRIBED BEFORE ME THIS	Nem R	- Da
DAY OF	20	SIGNATURE OF PERSON	
· · · · · · · · · · · · · · · · · · ·	SIGNATURE	TYEAT K. L.	seuln
MY COMMISSION EXPIR		874 4606	1- 53 £ 9
	MO. DAY YR.	AREA CODE DAYTIN	NE TELEPHONE NUMBER
RT II - tatement is filed on I	pehalf of a <u>Candidate's Authorized Co</u>	mmittee, Candidate must sign	there
I SWEAR (OR AFFIRM) TH	AT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS 133, No. 320) AS AMENDED:		
SWORN TO AND SUBSC			The control
DAY OF	20	SONATURE OF C	ANDIDATE
		PRINTED N	-KUIL
MY COMMISSION EXPIRE	SIGNATURE	<u>Y14</u> 460	-1387
	MO. DAY YR.	AREA CODE DAYTIME	TELEPHONE NUMBER



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement 210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4) www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

TES 01 2022 VOTER REGISTRATION

Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). This particular form is to be used only for Campaign Finance Reports. This form must be signed by hand where a signature is required.

Name of Filing (Reporting Cycle		ndidate, or Lobbyi	st		
☐ Cycle 1 6 th Tuesday Pre-Primary	☐ Cycle 2 2 nd Friday Pre-Brimary	☐ Cycle 3 30 Day Post Primary	Cycle 4 6 th Tuesday Pre-Election		☐ Cycle 5 2 nd Friday Pre-Election
☐ Cycle 6 30 Day Post-Election	Cycle 7 Annual Report	Cycle 8 2 nd Friday Pre-Special Election		☐ Cycle:9 30. Day Post-Special Election	

Part I - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

Date (DD/MM/YYYY)

Printed Name

Location (City/State/Country)



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Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

Date (DD/MM/YYYY)

Printed Name

Location (City/State/Country)